DEPARTMENT OF COMMUNITY SERVICES CITY AND COUNTY OF HONOLULU

COMMUNITY ASSISTANCE DIVISION
51 MERCHANT STREET • HONOLULU, HAWAII 96813
PHONE: (808) 768-7076 • FAX: (808) 768-7057
www.honolulu.gov/dcs

RICK BLANGIARDI MAYOR



ANTON C. KRUCKY DIRECTOR

AEDWARD LOS BANOS DEPUTY DIRECTOR

Please fill out the **Solar Loan** application completely, sign, date, and return it to our office along with the items listed below. Please **do not sign or commit** to any proposal or contract until your loan is approved by our office.

- 1. <u>Federal Income Tax Return</u>: **For each working or retired adult and dependent(s) working part-time** living in the house on the date of application, provide a signed copy of their most recent year's Federal Tax Return.
- 2. <u>Income Verification</u>: For each working or retired adult and dependent(s) working part-time living in the house on the date of application, please provide copies of the following, as applicable:
 - a) Pay stubs/statements covering the most recent 30-day period.
 - b) W-2 form used to file the most recent Federal Tax Return.
 - c) Statement of current year benefits from the Social Security Administration.
 - d) Retirement pension statement or award letter.
- 3. Signed and dated **Credit Bureau Authorization** form.
- 4. Copies of the solar contractor's proposal, the solar energy cost savings analysis worksheet, the contractor's W-9 Form, and State of Hawaii contractor's license.
- 5. Copy of your most recent Hawaiian Electric Company (HECO) bill.

We will contact after our review to discuss the loan process in greater detail. Credit report and other fees will be disclosed and collected at a later time if you decide to continue with your loan application. All fees are paid to third-party credit bureau and title/escrow companies.

Our staff will assist you throughout the application process and please contact the Rehabilitation Loan Branch at 808-768-7076 for further assistance.

Sincerely.

Clea & Janenes ALAN S. TAMANAHA

Rehabilitation Loan Branch Chief

Enclosures:

- 1. Loan Application
- 2. Loan Program Information Sheet
- 3. Credit Bureau Authorization Form

CITY & COUNTY OF HONOLULU SOLAR LOAN PROGRAM

Frequently Asked Questions (FAQs)

WHO CAN APPLY FOR THE CITY'S SOLAR LOAN?

Owner-occupant homeowners whose household income is within the income schedule listed below are eligible. The table shows the gross annual income limits for the various household sizes:

Number of Members	
in Household	<u>0%</u>
1	\$73,150
2	83,600
3	94,050
4	104,500
5	112,900
6	121,250
7	129,600
8	137,950

Note: Income limits are subject to change.

WHAT ARE THE LOAN TERMS?

The repayment term solar system is 10 years but a 20-year term may be considered on a case-by-case basis.

WHAT IS THE MONTHLY PAYMENT?

Monthly payments are set up for not less than 120 and not more than 240 months at a 0% interest rate. Reduced monthly payment amounts are available for qualifying borrowers.

SAMPLE MONTHLY PAYMENTS AT 10-YEAR & 20-YEAR LOAN TERMS

Sample Cost of a Solar	
Water Heating System	\$7,500
0% Interest Rate for 10 years	
Monthly Loan Payment	\$62.50

Sample Cost of a Photovoltaic (PV)
System including the Cost of Other
Home Repairs \$60,000
0% Interest Rate for 20 years
Monthly Loan Payment \$250

Note: The City **does not** currently finance PV battery systems.

HOW IS THE LOAN SECURED?

For all solar installation loans, a real estate mortgage is used the secure the loan.

WHAT ARE THE REQUIREMENTS?

In addition to income-eligibility, other basic program requirements are:

- An owner-occupied property;
- Lead-based paint testing for homes built prior to 1978;
- State Historic Preservation Office approval for homes 50 years old or older.

Contact the Rehabilitation Loan Branch for additional loan requirements at 768-7076.

HOW DO I APPLY FOR A LOAN?

To apply, either call the City and County of Honolulu Rehabilitation Loan Branch at 768-7076 or visit the Rehabilitation Loan Program on the Dept. of Community Services website at

http://www.honolulu.gov/dcs.

Step 1. Obtain an itemized work proposal from a Hawaii-licensed contractor that includes the cost savings analysis worksheet. Also obtain the contractor's IRS W-9 Form and the contractor's State of Hawaii license information.

Step 2. Complete the Solar Loan Application.

Step 3. Mail in the Solar Loan Application and all of the supporting information to the following address:

City and County of Honolulu Solar Loan 51 Merchant Street, First Floor Honolulu, Hawaii 96813

After we review your application, we will contact you to discuss your eligibility and obtain any additional information we need to complete the process.

The City does not charge fees for its services. However, there are nominal fees by third-party credit bureaus and title/escrow companies. These will be disclosed to you early in the application process.

For further assistance, please contact the Rehabilitation Loan Branch at 768-7076.

Appl. No	. (OUNTY OF		J	Date Rec'd_	
Applicant (Head		SOLAR	LOAN APPLI	CATION			
of Household)			Date of B	Birth	99	4	
(Spouse)			Date of 8	Birth	SS	#	
Residence Address					Yrs	Phone	
Previous Address if less to	han 2 yrs. at above address					Yrs	
	than Residence Address)						
	ependents						
	MENT APPLICANT	Mindro School or gas light freedom production was part to be	an terretapi dipendi di kilometri sebesah kelendiri kelendiri kelendiri kelendiri.	PRODUCTION TO THE REAL PROPERTY.	-APPLICAN	-	Andrew Andrews
Employer		Years	Employer			Ye	ars
Position Held		Years	_ Position Held			Ye	ars
	Gross monthly income						
OTHER GROSS MO	NTHLY INCOME	Chica ha sanasuan apinan na girak Jib Abu-du Anusu inga		* Total Control Contro	SPECIAL CONTROL OF SPECIAL SPE		****
Recipient	Source of Income		Address o	f Source		Gross A	mount
The second secon	-	***************************************				\$\$	
		*****			TOTAL	\$	
DEPOSITORY ACCO	DUNTS (BANKS, SAVIN	IGS & LOA	NS, CREDIT	UNIONS, E	TC.)	ti i Till American de la sentinta les comunications de la constitute de la constitute de la constitute de la c	distribution in the state of th
Depos	itory/Branch	N	ame on Acct.		Acct. No.	Acct. Type	Balance
roperty	ESTATE OWNED (ATT	ACH ADDIT	IONAL SHEE	ET IF NECE		ender's Name ar	
ddress	Value	Balance	Payment	Loan No.	h.	Address	10
IABILITIES - LIST A	LL NON-REAL ESTAT	E LOANS (CREDIT CAR	DS, PERSO	NAL LOAN	S. ETC	
Creditor	Account Type	Account Number	Mont Payn	hly		5, 2.10.	
			And the second s				
					Min. September School		

Please complete the follow non-dependent permanent	ring information on all non-de household members residing	pendent <u>Permanent</u> Membe g with you, please write none	rs of your Household. If there are no on the line below.
<u>Name</u>	Relationship to Head of Household	Age Annual Income	Source(s) of Income
As evidence of income, plea	ase submit a copy of the mos	t recent federal tax returns fo	r each individual listed above.
VOLUNTARY INFORMATIO	ON FOR GOVERNMENT MON	IITORING ASSISTANCE:	
note race and sex information based	on visual observation or surname. Ple	nonitor compliance with equal credit of noose not to furnish the information, Fi ease initial below if you do not wish to o	opportunity and fair housing laws. You are no ederal regulations require the City Government to divulge information.
	O-APPLICANT(Initials)		
01 () Hawaiian (Part)	14 () Samoan	01 () Hawaiian (Part)	14 () Samoan
03 () Hawaiian (Fult)	15 () South East Asian	03 () Hawaiian (Full)	15 () South East Asian
04 () Portuguese	(Vietnamese,	04 () Portuguese	(Vietnamese,
05 () Puerto Rico	Laotian, etc.)	05 () Puerto Rico	Laotian, etc.)
06 () White	16 () American Indian	06 () White	16 () American Indian
07 () Filipino	or Alaskan Native	07 () Filipino	or Alaskan Native
08 () Korean	17 () Hispanic	08 () Korean	17 () Hispanic
9 () Chinese	18 () Black		8() Black
0 () Japanese 1 () Asian Indian	19 () Other-please	10 () Japanese	19 () Other-please
2 () Guamanian	specify	11 () Asian Indian	specify
	with the matter ago against agreeming their new department or equal time discount programming.	12 () Guamanian	
SENDER: () Male	() Female	GENDER: () Male	() Female
Head of Household	Head of Household	Head of Household	Head of Household
		7,70000,710000,7100	Liead of Flooselloid
harbage of optaining a Oity 30	umer reporting agencies. I(We) agr	City and County of Honolule to york	est of my (our) knowledge and is submitted for fy all information contained herein and to verifications and statements shall remain the
PPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE

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MORTGAGE REPORTING . EMPLOYMENT SCREENING

· 521 W. Maxwell Ava • Spokana, Wa • 99201-2417 Customer Service Direct: 509 324-1249 . 1 800 304-1249 Fax 509 324-1240 • 1 800 845-7435

"National Coverage with Local Service"

TENANT SCREENING . COMMERCIAL REPORTING

INFORMATION DISCLOSURE AUTHORIZATION AND RELEASE

The undersigned parties (hereinafter referred to as "Applicant(s)") hereby authorize ACRAnet, Inc a Nevada Corporation (hereinafter referred to as "ACRAne!") to obtain a credit report and other personal information (all documents hereinafter referred to as "Consumer Report") in connection with Applicant(s)

Applicant(s) signature(s) below further authorize(s):

- the mortgage company to release a copy of Applicant(s) credit application to ACRAnet, 11.
- ACRAnat to obtain information regarding Applicant(s) employment, savings accounts and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit union accounts, etc.);
- ACRAnet to use a photocopy, facsimile or other true reproduction of this authorization, if III. necessary, to obtain any information required in the course of its activities in connection herewith, any such true copy of this information Disclosure Authorization and Release being deemed an original; and
- ACRAnal to funish a copy of Applicant(s) Consumer Report to the mortgage company IV. that requested this authorization.

Applicant(s) hold the mortgage company and ACRAnet harmless and indemnified in furnishing the copy of the Consumer Report in accordance herewith.

Applicant's Name (Plaase Print)	Applicant's Signature	Date
Applicant's Name (Please Print)	Applicant's Signature	Data ,
Applicant's Name (Please Print)	Appiloant's Signature	Date
Applicant's Name (Please Print)	Applicant's Signature	Date

PRIVACY ACT NOTICE: The information to be obtained will be used by the lender and any federal agency insuring, guaranteeing or purchasing the mortgage to determine whether Applicant(s) qualifies as a prospective borrower under the lander's and the agency's underwriting standards. The information will not be disclosed outside the lander and the federal agency without Applicant(s) consent except to the person or company varifying the information including, but not limited to, Applicant(s) employer, bank, lender and by any other credit reference as needed to verify other credit information and as permitted by law. Applicant(s) does not have to give ACRAnet this information, but if Applicant(s) does not, Applicant(s) mortgage loan application may be delayed or rejected. This information ACRAnet will obtain is authorized by the TITLE 33, U.S.C chapter 37 (If VA); and 12 U.S.C., Section 1701 et seq. (If HUD/FHA).